Recommended Adult Immunization Schedule, by Vaccine and Age Group UNITED STATES • OCTOBER 2006—SEPTEMBER 2007

Vaccine ▼ Age group ▶	19–49 years	50–64 years	≥65 years
Tetanus, diphtheria, pertussis (Td/Tdap)*	1 dose Td booster every 10 yrs		
permasis (ru/ruap)	Substitute I dos	e or raap for ra	
Human papillomavirus (HPV)	3 doses (females)		
Measles, mumps, rubella (MMR)*	1 or 2 doses	1 de	ose
Varicella*	2 doses (0, 4-8 wks)	2 doses (0, 4–8 wks)	
Influenza*	1 dose annually	1 dose a	nnually
Pneumococcal (polysaccharide)	1–2 c	loses	1 dose
Hepatitis A*	2 doses (0, 6–12 mos, or 0, 6–18 mos)		
Hepatitis B*	3 doses (0, 1–2, 4–6 mos)		
Meningococcal		1 or more doses	

For all persons in this category who meet the age requirements and who lack evidence of immunity present (e.g., on the basis of medical, the present of the present companies of the present companies of the present compa

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged < 19 years, as of October 1, 2006. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (New, Oct. aov/nic/bublications/acio-ist.html).

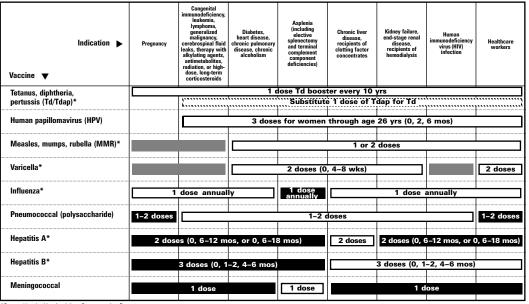
Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.his.cov or by telephone. 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule and contraindications for vaccination is also available at www.cdc.gov/nip or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

^{*}Covered by the Vaccine Injury Compensation Program.

Recommended Adult Immunization Schedule, by Vaccine and Medical and Other Indications UNITED STATES • OCTOBER 2006—SEPTEMBER 2007



^{*}Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Recommended if some other risk factor is

occupational, lifestyle, or other indications)

present (e.g., on the basis of medical,



Contraindicated

Approved by the Advisory Committee on Immunization Practices,

the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, and the American College of Physicians